

DO NOT USE THIS FORM TO REPORT: CRIME CLASSIFICATION, SERIAL NUMBERS OBTAINED FOR PROPERTY PREVENTION, LOST CASES, CLEARANCES, INITIAL ARREST ON THE COMPLAINT, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP (1) TO REPORT THE PRECEDING.

**COMPLAINT - FOLLOW UP INFORMATIONAL**  
PD 313-081A (Rev. 4-01-31)

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**HOMICIDE #2** **043** **2412** **2/24/01**

Date of Orig. Report 2/12 Date Assigned 2/12 Case No. 624 Date Reporting 43 PDS Follow-Up No. \_\_\_\_\_

Complainant's Name - Last, First, M.I. PSNY FOR ACOSTA, ALBERT Victim's Name - If Different \_\_\_\_\_

Last Name, First, M.I. \_\_\_\_\_ Address, include City, State, Zip \_\_\_\_\_ Apt. No. \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Position / Relationship \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Total No. of Perpetrators 1 Wanted 1 Arrested 1 Weapon 1 Describe Weapon (If firearm, give color, make, calibre, type, model, etc.) \_\_\_\_\_

Wanted 1 Arrested 1 Last Name, First, M.I. \_\_\_\_\_ Address, include City, State, Zip \_\_\_\_\_ Apt. No. \_\_\_\_\_ Res. Pct. \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Hair Length \_\_\_\_\_ Facial Hair \_\_\_\_\_ NYSD No. \_\_\_\_\_

☐ Eyeglasses ☐ Sunglasses Clothing Description \_\_\_\_\_ Scars, Marks, M.O., Etc. \_\_\_\_\_ (Continue in "Details")

Wanted 1 Arrested 1 Last Name, First, M.I. \_\_\_\_\_ Address, include City, State, Zip \_\_\_\_\_ Apt. No. \_\_\_\_\_ Res. Pct. \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Hair Length \_\_\_\_\_ Facial Hair \_\_\_\_\_ NYSD No. \_\_\_\_\_

☐ Eyeglasses ☐ Sunglasses Clothing Description \_\_\_\_\_ Scars, Marks, M.O., Etc. \_\_\_\_\_ (Continue in "Details")

**AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."**

Comp. Interviewed ☐ Yes ☐ No In Person ☐ By Phone ☐ Date \_\_\_\_\_ Time \_\_\_\_\_ Results: Same as Comp. Report - Different (Explain in Details) ☐

Witness Interviewed ☐ Yes ☐ No In Person ☐ By Phone ☐ Date \_\_\_\_\_ Time \_\_\_\_\_ Results: Same as Comp. Report - Different (Explain in Details) ☐

Perp 1: Canvas Conducted ☐ Yes ☐ No If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results \_\_\_\_\_ Crime Scene Visited ☐ Yes ☐ No If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained \_\_\_\_\_

Perp 2: Complaint Viewed Photos ☐ Yes ☐ Refused ☐ Future Results: \_\_\_\_\_

Perp 1: Witness Viewed Photos ☐ Yes ☐ Refused ☐ Future Results: \_\_\_\_\_

Perp 2: Crime Scene Desired ☐ Yes ☐ No By (Enter Results in Details) \_\_\_\_\_ Crime Scene Photos ☐ Yes ☐ No By (Enter Results in Details) \_\_\_\_\_

If Closing Case "No Results," Check Appropriate Box and State Justification in Details:  
☐ C-1 Improper Referral ☐ C-2 Inaccurate Facts ☐ C-3 No Evidence / Can't ID ☐ C-4 Uncooperative Complainant ☐ C-5 "Leads" Exhausted

**DETAILS:**  
Investigate: HOMICIDE  
Subject: INTERVIEWED MOHAMMED RIAZ

1. On February 24, 2001, at approx. 1310 hrs., the u/s interviewed above at the 43 Pct and he stated the following:  
\* He picked up a male hispanic in his 30's on February 15 or 16, at approx. 7-8 pm at 1566 Unionport Rd.. He over heard the male talking on his cell phone and he stated he saw a security officer get shot and he was the only one that saw the guy who shot him. He then stated the police took his name down and asked him if he saw any thing and he told them no.  
\* Mr. Riaz dropped of the male at 550 W.215 st..

2. Mohammed Riaz DOB:05/10/51  
3015 Perry Avenue 1C  
Bronx, NY 718-364-7208 917-578-6940  
Car:-T286082C

3. Case active.

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CHOICE 1  
CHOICE 2

24  
PERP 1  
PERP 2